

COPY

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE(1) Emanuel H. Jones # 557338
(Name of Plaintiff) (Inmate Number)Howard R. Young Correctional Institution
1301 East 12th Street, P.O. Box 9561
Wilmington, DE 19809
(Complete Address with zip code)(2) _____
(Name of Plaintiff) (Inmate Number)_____
(Complete Address with zip code)(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correction Medical Service

(2) _____

(3) _____

(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned.

Case Name: Jones v. Norris et alCase Name: Jones v. Delaware State Department of CorrectionCase # 1:06-cv-674 - SLR 2006Case # 1:06-cv-773 - SLR 2007

- 07 - 146

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested

BD scanned
NO IFP

FILED

MAR 13 2007

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? put in Grievances
 2. What was the result? None
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Correction Medical Service

Employed as Correction Medical Service at Howard R. Young Correctional Institute

Mailing address with zip code: 12647 Olive Boulevard
St Louis, MO 63149-9052

- (2) Name of second defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

- (3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1.

2.

3.

(See Attached)

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

Compensate Me For Violation
of My Constitutional and Civil
Rights \$ 120.000

punitive Damage \$ 30.000

2. Compensatory Damage \$ 30.000

Pain & Suffering \$ 40.000

Anguish \$ 35.000

Mental, Anguish, distress, depression
\$ 35.000

3.

Cruel & Unusual punishment \$ 40.000

Medical Negligence \$ 60.000

Nominal Damage \$ 68.000

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of JANUARY, 2007.

Emanuel H. Jones

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

part one of complaint

ON the date of the 13th & 16th of January, 2007
 at the Howard R. Young Correctional Institution
 the CMS Correctional Medical Service Denied
 Me Medication on these dates and other dates
 that's Not Remembered and I Need My Medication
 For My High Blood pressure, My Severe Back
 pains and For My depression "Mental Health"
 on Both dates above I Never Received My Meds
 I started to have Severe Head Aches & chest pains
 I told the OFFICER MR. Hastings and someone took
 Me to Medical, OFFICER MS. Smith Both OFFICERS 8th & 4th
 shift on My Way to Medical I saw the Sgt he^{sr}
 you'll get your Meds when you get down stairs
 to Medical, when I Emanuel H. Jones got
 to Medical, My Back was hurting severely & My head
 was aching & chest pains I told Two of the Nurses and
 they just laughed in Joked like it was Funny and
 left the Medical Department to attend to some
 thing else that wasn't important, then I was
 sent Back to My pod 2D after "Sgt. Willis" said
 I'll Receive My Medication down stairs and the
 other incidents the Nurse Nevered put my Name
 on the Medication list to Receive it on My Pod, so
 I Never got My Medication I told the OFFICER he called
 the Sgt and the Sgt call medical the OFFICER told me
 the Nurse said she's not coming Back up to My pod
 to give my Medication and this Nurse know that I

Part Two of Complaint

Need My Medication cause of my High Blood pressure, Severe Back pains and I take 5 different kind of pain Medications & Muscle Relaxers for my Back and I wear a Back Brace for the pain. Also I have asked the Medical department doctor Kendall & doctor Smith due to my Back pains can they get me off the Institution Floor cause I've been sleeping on the Floor since May 27 2006 and my Back pains is getting worst due to me sleeping on the Floor every day and my Mattress is very thin I asked the Two doctors above for extra Mattress or a Bottom Bed pass and they say it's nothin they can do about it or they can't do it knowing I have problems with my Back and I'm still sleeping on the Floor on the Date of January 13 2007 which I been sleeping on the Floor for 3 months and I'm a Sentence Inmate and been Sentence in August 2006, also I'm a Inmate that's on Chronic care NoBody comes in see me for Blood pressure checks or to see how I'm doing as a Chronic care Inmate the only time I go to the medical department and they take my Blood pressure is when I fill out a Medical Request to see the doctor other then that they don't come in see me like they suppose to every other day or twice a week NoBody comes and take my Blood pressure and every time I tell the Medical department about

Part Three of the Complaint

It they said Somebody will come in see me and NoBody
 Never does, also the Nurse almost gave me some or
 Else Medication then when I told her about it she
 just laugh & joke like that was a Funny Matter
 also when I don't get my Medication they Nurse
 always Marking down that I did when I didn't
 and that is Very Wrong. I Emanuel H. Jones
 is Very Very Scared For my life due to this
 Medical Service By "CMS" Corrections Medical Service
 they are Very Careless, Make Serious Mistakes
 and laugh & joke about the situation and that is
 Not professional at all, when I don't Receive
 my Medication I go through alot of pain & Suffering
 I'm Very Scared For my Health & life of this Medical
 Staff there's Many Grievances on this Medical department
 and it take 4 to 5 months Before I can Be saw
 about my grievances, people have hung & killed they
 self due to poor Medical Service and I'm a Very
 Scared Inmate, I'll like to File this lawsuit
 against "CMS" Correction Medical Service at
 the Howard R. Young Correctional Institution.

And there are
 Witnesses
 in this Matter

Sincerely yours
Emanuel H. Jones #55733
 Howard R. Young Correctional Institution
 1301 East 12th Street • P.O. Box 9561
 Wilmington, DE 19809

Part 4 of the complaint

Witnesses about Medical Department
and witnesses to all my allegations about
Medical Department & Staff.

1. ~~John~~ ~~James~~ ~~Garden~~ T# 21 88816
2. ~~Mark~~ ~~James~~ # 315027
3. Emanuel H. James # 557338
4. Joshua D. Brown 522449
5. Aaron Conyer 777642
6. ZEFERINO REYES 555585
7. ~~Angel~~ ~~Flores~~ Angel Flores SBI# 483893
8. Gabriel D. Chirico S.B.I 177919
9. ~~Cash~~ ~~Thom~~ 2-17-88
10. Quinrick Swopes #497418
11. ~~Quinn~~ ~~Age~~ SBI# 477806
12. Michael W. Cuck #331934
13. Merboun Small TX 0259
14. ~~Jul~~ ~~Julia~~ #361-234
15. Nathaniel L. R. Thompson #545411
16. ~~Cruz~~ ~~James~~ 475 365
17. Federico Rive SI 1915
18. Robert Stevens #133360
19. ~~Mark~~ ~~James~~ #424247
20. ~~Vince~~ ~~Adrian~~ #187664
21. ~~White~~ ~~James~~ 166704
22. Corey Bowers #335360
23. Anthony Nash #364604
24. ~~Jeff~~ ~~Thompson~~ #481676
25. Kevin Smith # 354250

part 4 of Complaint

On the 7th or 10th of January 2007 around the hours of 9:00am or 10:00am I Emanuel.H.Jones is suppose to receive pain Medications For my Back But the Nurse said all My pain Medications expired and she can't give me anything For My pain, When an Inmate Medication expire they should Be automatically put Back on the list to see doctor to have Medication Renewed, I Emanuel.H.Jones haveit Been put on the doctor list and Fill out 2 or 3 Medical Requests to see the doctor about my pain Medication and the dentist about My Backe Teeth But I haveit seen any Body about my pain in My Back in Math and I have to keep dealing with this Severe pain cause NoBody does anything and I shouldit have to go through Two or Three weeks of pain Before I can see a Doctor to get My pain Medication Renewed and the Medical department Here know about my Severe Back pains and didnt do anything to help me, So Im without any pain Medication For 2 to 3 weeks and I suppose to see the doctor Before My Medications expires and the Medical department Failed to handle this Responsibility By the Medical Department here at Howard.R.Young Correctional Institution.

Medical Negligence

Emanuel.H.Jones #55733

Howard.R.Young Correctional Institut

• 1301 East 12th Street • P.O. Box 956

1, Wilmington, DE 19809

Amended Complaint

On the 23rd day of January 2007 at the Howard R. Young Correctional Institution I Emanuel H. Jones # 557338 was transferred to 1E pod for lock up. Officer Galli, Officer Baker, Lt Williams Sgt Williams started punching, kicking, choking me and sprayed me with Mace while the handcuffs was still on me. After they beat me I took to medical the nurse looked at me I told the nurse I was in pain. From them beating me up the nurse did nothing and went by the officer word that I was ok and I wasn't ok so they transferred me back to 1E pod put me in a room on the top bunk with know way for me to get up & down off the bunk, no ladder or steps nothing in medical & this institution know of my back pain and know I can't get up & down off a top bunk instead they let me go to a top bunk anyway. So I was tryin to get down to use the bathroom I fell off the top bunk and fractured my right foot the institution medical call 911 and I was transferred to St Francis Hospital for my broken foot injury. I would like to hold this institution & medical department liable for my broken foot injury. There is also medical reports & records at St Francis Hospital on 1-23-07 around the hour of 1:30 am. and due to my condition I not suppose to be a top bunk.

"Monetary Relief"

Violation of My Constitutional Rights \$ 60.000

Violation of My Civil Rights \$ 60.000

Punitive Damage \$ 30.000

Compensatory Damage \$ 30.000

Pain & Suffering \$ 40.000

Mental anguish, distress, depression \$ 35.000

Cruel & unusual punishment \$ 40.000

Nominal Damage \$ 60.000

Medical Negligence \$ 60.000

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Emanuel Jones

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 12/21/06

RE: YOUR RECENT GRIEVANCE #06- 88624

This memo is to inform you that the grievance submitted by you dated 12/15/06 regarding sleeping on floor is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____
- ☒ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:
- ☐ This is an issue/complaint that has already been grieved by you or another inmate. _____
- ☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

_____ Action request is inappropriate or not completed. Inmate must make an actual request, such as, request that an investigation be conducted (inmates are not forwarded results of investigations that involve staff conduct).

_____ Documentation must be attached to the grievance when it is resubmitted that supports allegations/complaint, such as commissary receipts, Form 537, etc. The IGC will make copies of items submitted with the grievance and return the originals to the inmate.

_____ This complaint should be addressed by submitting a sick call slip. If you are experiencing any type medical condition, please submit a sick call slip.

_____ Other: Requests are not processed through the grievance procedure.

_____ Other: Please be advised that you have submitted your grievance on the wrong form. Please re-submit using the correct grievance form.

cc: file

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: *Emmanuel Jones 2H/cell 8*

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: *10/16/06*

RE: MEDICAL GRIEVANCE #06 - 72283

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO:

Emanuel Jones 

FROM:

Sgt. M. Moody, Inmate Grievance Chair

DATE:

12/21/06

RE:

MEDICAL GRIEVANCE # *06-88643*

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Emanuel H. Jones IA SRI #557338
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 3/6/07
RE: MEDICAL GRIEVANCE # 101883

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Emanuel.H. Jones #557338
Howard.R.Young Correctional Institution
1301 East 12th Street • P.O.Box 9561
Wilmington, DE 19809



CLERK
U.S. District Court
LockBox 18
344 North King Street
Wilmington, DE
19801

INMATE
LEGAL MAIL

DEAR: Clerk

- 07-146

Can you please send a copy of this
complaint to the Attorney General's office
Thank you very much.

Sincerely

Yours
Emanuel H. Jones #

SB# 557338

Howard R. Young Correctional Institution
1301 East 12th Street • P.O. Box 9561
Wilmington, DE 19809

